

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>7-15-04</u>		2 Serial/Patent # <u>09/747521</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input checked="" type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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		<u>7/9</u>	\$ <u>770</u>																				
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		<u>7/9</u>	\$ <u>130</u>																				
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7 TOTAL AMOUNT OF REFUND		\$ <u>900</u>																					
8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 95%;">Treasury Check</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Credit Deposit A/C #:</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <u>0</u><u>3</u>--<u>0</u><u>1</u><u>7</u><u>2</u> </div> </td> </tr> </table>				<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <u>0</u><u>3</u>--<u>0</u><u>1</u><u>7</u><u>2</u> </div>														
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 95%;">Overpayment</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Duplicate Payment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>No Fee Due (Explanation):</td> </tr> </table>				<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):														
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11 REFUND REQUESTED BY: <table style="width:100%;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>F Wicks</u> </td> <td style="width: 40%;"> TITLE: <u>Pets E/W</u> </td> </tr> <tr> <td> SIGNATURE: <u>[Signature]</u> </td> <td> PHONE: <u>305-8680</u> </td> </tr> <tr> <td colspan="2"> OFFICE: <u>4700</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>F Wicks</u>	TITLE: <u>Pets E/W</u>	SIGNATURE: <u>[Signature]</u>	PHONE: <u>305-8680</u>	OFFICE: <u>4700</u>															
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>7/15/04</u>																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B